Offina Gare 1	Facility Name				DCD - A/N Form 12A-r
	Perr	nission to A	dminister Me	edication	FUIII 12A-I
l give pe	rmission for	my child to b	e given the foll	owing medica	ation:
Chil	d's Name:				
Name of Medication:			Expiration Date:		
Dosage:					□ Refrigerate
Dates to	be Given:				
Times to be Given: (			) (	) (	)
Special Ins	tructions:				
Possible F	Reactions:				
Parent's Signature:			Date:		
	Monday	Tuesday	Wednesday	Thursday	Friday
Medication:					
Dosage:					
Times:					
Facility Staff's					
Signature:	*** RETURN M	LIEDICATION TO PA	│ \RENT UPON COMPL	ETION *** Rev	rised Sample 9/99
Child Care I	Facility Name				DCD - A/N
	-				Form 12A-r
Laivo no	_	nission to A			otion
	rmission for	my child to b	e given the foll	lowing medica	ation:
Chil	rmission for d's Name:	my child to b	e given the foll	lowing medica	
	rmission for d's Name:edication:	my child to b	e given the foll	Expiration D	Date:
Chil Name of M	ermission for d's Name:edication:	my child to b	e given the foll	Expiration D	
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Chil Name of M  Dates to Times to Special Ins Possible F Parent's S	ermission for d's Name: edication: Dosage: be Given: tructions: Reactions:	my child to b	e given the foll	Expiration D	Date:
Chil Name of M  Dates to Times to Special Ins Possible F Parent's S  Medication:	ermission for d's Name: edication: Dosage: be Given: ( etructions: Reactions: Signature:	my child to b	e given the foll	Expiration Description Descrip	Date: ☐ Refrigerate )
Chil Name of M  Dates to Times to Special Ins Possible F Parent's S  Medication: Dosage:	ermission for d's Name: edication: Dosage: be Given: ( etructions: Reactions: Signature:	my child to b	e given the foll	Expiration Description Descrip	Date: ☐ Refrigerate )
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Chil Name of M  Dates to Times to Special Ins Possible F Parent's S  Medication: Dosage: Date:	ermission for d's Name: edication: Dosage: be Given: ( etructions: Reactions: Signature:	my child to b	e given the foll	Expiration Description Descrip	Date: ☐ Refrigerate )